

Applicant or Patentee: N. Ferrara and D. Gospodarowicz--

UC#89-053-2

Serial or Patent No.: 346,165

Attorney's 479.58-1

Filed or Issued: May 2, 1989

Docket No:

For: ENDOTHELIAL CELL GROWTH FACTOR AND METHODS OF ISOLATION

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(d)) - NONPROFIT ORGANIZATION

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

ADDRESS OF ORGANIZATION 300 LAKESIDE DRIVE, 22nd FLOOR

OAKLAND, CALIFORNIA 94612-3550

TYPE OF ORGANIZATION

- ☒ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
☐ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c)(3))
☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA
 (NAME OF STATE _____)
 (CITATION OF STATUTE _____)
☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c)(3)) IF LOCATED IN THE UNITED STATES OF AMERICA
☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA
 (NAME OF STATE _____)
 (CITATION OF STATUTE _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code with regard to the invention entitled ENDOTHELIAL CELL GROWTH FACTOR AND METHODS OF ISOLATION by inventor(s) N. FERRARA AND D. GOSPODAROWICZ described in

- ☐ the specification filed herewith
☒ application serial no. 346,165, filed May 2, 1989
☐ patent no. _____, issued _____

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention. (except for a license to a Federal Agency pursuant to U.S.C. 202 (c) (4)).

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

N/A

NAME _____

ADDRESS _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME _____

ADDRESS _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING CARL B. WOOTTEN

TITLE IN ORGANIZATION DIRECTOR, PATENT, TRADEMARK & COPYRIGHT OFFICE

ADDRESS OF PERSON SIGNING THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

300 Lakeside Drive, Oakland, California 94612-3550

SIGNATURE

DATE Sent 29, 1989

DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT OR CIP APPLICATION)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"ENDOTHELIAL CELL GROWTH FACTOR
AND METHODS OF ISOLATION"

the specification of which: (complete (a), (b) or (c) for type of application)

REGULAR OR DESIGN APPLICATION

(a) ☒ is attached hereto.(b) ☐ was filed on _____ as Application Serial No. _____
and was amended on _____

PCT FILED APPLICATION ENTERING NATIONAL STAGE

(c) ☐ was described and claimed in International Application No. _____ filed
on _____ and as amended on _____

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56 (a).

☐ In compliance with this duty there is attached an information disclosure statement. 37 CFR 1.97.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

(complete (d) or (e))

(d) ☒ no such applications have been filed.(e) ☐ such applications have been filed as follows

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION

Country	Application No.	Date of filing (day, month, year)	Date of issue (day, month, year)	Priority Claimed
N/A				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION

N/A

(complete this part only if this is a continuation-in-part application)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

328,181	March 24, 1989	Pending
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)

POWER OF ATTORNEY

As a named inventor, I hereby appoint 381 HOWARD M. PETERS
Patent and Trademark Office Reg. No. 29,202, and each member of the firm of Phillips, Moore, Lempio and Finley, all of the address listed below, my principal attorney and agents, with full power of substitution and revocation, to appoint other principal and associate attorneys, to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:

381 PHILLIPS, MOORE, LEMPIO & FINLEY
382 177 Post Street, Suite 800
73 San Francisco, California 94108
Telephone: (415) 421-2674

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor 401 Dr. Napoleone Ferrara
Inventor's signature Napoleone Ferrara
Date 9-7-89 Country of Citizenship Italy
Residence 2 Britton Avenue P.O. 619
Post Office Address Belvedere, California 94920 CA

Full name of second joint inventor, if any Denis Gospodarowicz
Inventor's signature _____
Date _____ Country of Citizenship France and U.S.A.
Residence 215 Maywood Drive
Post Office Address San Francisco, California 94127

CHECK PROPER BOX(ES) FOR ANY ADDED PAGE(S) FORMING A PART OF THIS DECLARATION

- ☐ Signature for third and subsequent joint inventors. Number of pages added 0
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added _____
- ☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added _____

(complete this part only if this is a continuation-in-part application)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

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(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)

POWER OF ATTORNEY

As a named inventor, I hereby appoint HOWARD M. PETERS
Patent and Trademark Office Reg. No. 29,202, and each member of the firm of
Phillips, Moore, Lempio and Finley, all of the address listed below, my principal attorney and agents,
with full power of substitution and revocation, to appoint other principal and associate attorneys, to
prosecute this application, and to transact all business in the Patent and Trademark Office connected
therewith.

SEND CORRESPONDENCE TO:

PHILLIPS, MOORE, LEMPIO & FINLEY
177 Post Street, Suite 800
San Francisco, California 94108
Telephone: (415) 421-2674

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Napoleone Ferrara

Inventor's signature _____

Date _____ Country of Citizenship Italy

Residence 2 Britton Avenue P.O. 619

Post Office Address Belvedere, California 94920

Full name of second joint inventor, if any Denis Gospodarowicz

Inventor's signature [Signature]

Date 9-28-89 Country of Citizenship France and U.S.A.

Residence 215 Maywood Drive CA

Post Office Address San Francisco, California 94127

CHECK PROPER BOX(ES) FOR ANY ADDED PAGE(S) FORMING A PART OF THIS DECLARATION

- ☐ Signature for third and subsequent joint inventors. Number of pages added 0
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added _____
- ☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added _____